## PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

**Application or Docket Number**

10-538808

### CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | SMALL ENT. = $ 150 | LARGE ENT. = $ 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100 | All other situations = $ 100 / $ 200 |
| SEARCH FEE | U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400 | All other situations = $ 250 / $ 500 |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 10 minus 20 = * | |
| INDEPENDENT CLAIMS | minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ |

**SMALL ENTITY TYPE** ☐ **OR** **OTHER THAN SMALL ENTITY**

| RATE | FEE | OR | RATE | FEE |
|---|---|---|---|---|
| BASIC FEE | 150.00 | OR | BASIC FEE | |
| EXAM. FEE | 200.00 | | EXAM. FEE | |
| SEARCH FEE | 100.00 | | SEARCH FEE | |
| X $ 125 = | | | X $ 250 = | |
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL | | OR | TOTAL | |

\* If the difference in column 1 is less than zero, enter "0" in column 2

### CLAIMS AS AMENDED - PART II

6-13-05

**AMENDMENT A**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * 10 | Minus | ** 20 | = |
| Independent | * 1 | Minus | *** 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

**SMALL ENTITY** OR **OTHER THAN SMALL ENTITY**

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

**AMENDMENT B**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".